

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY**

MARC A. STEPHENS,
Plaintiff,
v.

CASE NO. 2:14-cv-06688-WJM-MF

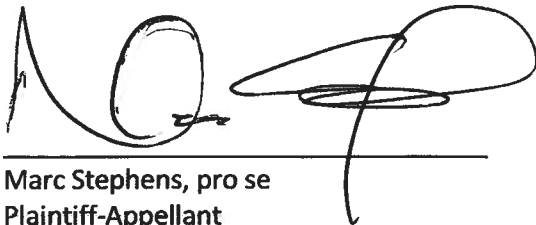
THE HON. EDWARD A. JEREJIAN, in his
Official Capacity as Judge of the Superior
Court of Bergen County;
CHIEF ARTHUR O'KEEFE, as an
individual, and in his Official Capacity as
Chief of the Englewood, New Jersey Police
Department
JOHN JAY HOFFMAN in his Official
Capacity as Attorney General of New Jersey
Defendants

**MOTION TO PROCEED IN FORMA
PAUPERIS**

MOTION TO PROCEED IN FORMA PAUPERIS

I, Marc Stephens, Plaintiff in the above-entitled action, move to proceed in forma pauperis pursuant to 28 U.S.C. § 1915 in the above-entitled action. I am unable to make full prepayment of fees or to give security therefore, and it is my belief that I am entitled to relief. I have not divested myself of any property, monies, or any items of value for the purpose of avoiding payment of said fees. I am hereby submitting a financial affidavit in support of this motion.

Dated: December 11, 2015

A handwritten signature in black ink, appearing to read 'Marc Stephens', is written over a horizontal line.

Marc Stephens, pro se
Plaintiff-Appellant
271 Rosemont Place
Englewood, NJ 07631
201-598-6268

UNITED STATES COURT OF APPEALS
for the THIRD CIRCUIT

Marc A. Stephens

v.

Hon. Edward Jerejian, et al

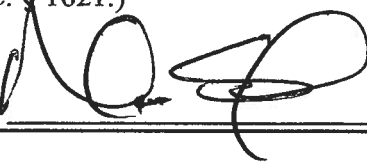
)
)
)
)
)
) No.
)
)
)

**AFFIDAVIT ACCOMPANYING MOTION
FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: _____



Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: _____

12/11/15

My issues on appeal are:

See attached affidavit

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$0	\$NA	\$0	\$NA
Self-employment	\$350	\$NA	\$200	\$NA
Income from real property (such as rental income)	\$0	\$NA	\$0	\$NA
Interest and dividends	\$0	\$NA	\$0	\$NA
Gifts	\$0	\$0	\$0	\$0
Alimony	\$0	\$0	\$0	\$0
Child support	\$0	\$0	\$0	\$0
Retirement (such as social security, pensions, annuities, insurance)	\$0	\$0	\$0	\$0
Disability (such as social security, insurance payments)	\$0	\$0	\$0	\$0
Unemployment payments	\$0	\$0	\$0	\$0
Public-assistance (such as welfare)	\$0	\$0	\$00	\$0
Other (specify):	\$0	\$0	\$0	\$0
Total monthly income:	\$ 350	\$ NA	\$ 200	\$ NA

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
MAS Web Design	650 E Palisades Ave	2014-present	\$200

			\$
			\$

3. *List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

Employer	Address	Dates of employment	Gross monthly pay
No spouse			\$
			\$
			\$

4. *How much cash do you and your spouse have?* \$ 259.12

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Bank of America	Checking	\$259.12	\$No spouse
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. *List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.*

Home	Other real estate	Motor vehicle #1
(Value) \$ 0	(Value) \$ 0	(Value) \$NA
		Make and year: NA

		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

6. *State every person, business, or organization owing you or your spouse money, and the amount owed.*

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Have civil suits pending	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. *State the persons who rely on you or your spouse for support.*

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
Viola Stephens	Mother	75

8. *Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes <input checked="" type="checkbox"/> No Is property insurance included? Yes <input checked="" type="checkbox"/> No	\$0	\$ No spouse
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$125	\$NA
Home maintenance (repairs and upkeep)	\$0	\$0
Food	\$160	\$0
Clothing	\$0	\$0
Laundry and dry-cleaning	\$20	\$0
Medical and dental expenses	\$0	\$0
Transportation (not including motor vehicle payments)	\$20	\$0
Recreation, entertainment, newspapers, magazines, etc.	\$0	\$0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$0	\$0
Life:	\$0	\$0
Health:	\$0	\$0
Motor vehicle:	\$0	\$0
Other:	\$0	\$0
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$0	\$0
Installment payments		
Motor Vehicle:	\$0	\$0
Credit card (name):	\$0	\$0
Department store (name):	\$0	\$0
Other:	\$0	\$0
Alimony, maintenance, and support paid to others	\$0	\$0

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 15	\$ 0
Other (specify):	\$	\$ 0
Total monthly expenses:	\$340	\$No spouse

9. *Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?*

☒ Yes No If yes, describe on an attached sheet.

10. *Have you paid or will you be paying an attorney any money for services in connection with this case, including the completion of this form?* Yes ☒ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. *Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?* Yes ☒ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

See attached affidavit

13. *State the [city and state] of your legal residence.*

Englewood, New Jersey

Your daytime phone number: (201) 598-6268

Your age: 42 *Your years of schooling:* 14

[Last four digits off] your social-security number: 1135